

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

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MAY 31 2024 SMB

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Sammy D. TRICE

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

24-cv-04538
Judge Andrea R. Wood
Magistrate Judge Gabriel A. Fuentes
(PC8
(RANDOM/CAT 3

vs.

Thomas Dant
Leemark Medical Services / Staff
Cook County Div. 8 classifications Supervisor

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

- ☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)
- ☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)
- ☐ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

- A. Name: SAMMY D. TRICE
- B. List all aliases: _____
- C. Prisoner identification number: 20200209190
- D. Place of present confinement: COOK COUNTY Dept of CORRECTIONS
- E. Address: 2700 S CALIFORNIA CHICAGO IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Thomas Dart
 Title: Sheriff
 Place of Employment: Cook County Dept. of Corrections 2650 California Ave Chicago IL 60608
- B. Defendant: Medical Staff
 Title: Cermale Medical Staff - Nurses, Doctors and Supervisors
 Place of Employment: Cermale / Cook County Dept. of Corrections 2650 California Ave Chicago IL 60608
- C. Defendant: Classification Supervisor (Div. 8)
 Title: Classification Officer
 Place of Employment: Cook County Dept. of Corrections 2650 California Ave Chicago IL 60608

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

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III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: _____

- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

- D. List all defendants: _____

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____

- G. Basic claim made: _____

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I am in excruciating pain from being shot. I've been in the Cook County Jail since March 19th 2021, upon my arrival I was in Div. 8 and several months after I was taken to Div. 10 and now I'm housed in Div. 9. I have no way to inform a officer if I fall in the cell. I don't have anything to grab a hold of when I have to sit on the toilet, I'm upstairs on the tier I'm on and even with continuous grievances I haven't been moved to a bottom deck cell. I frequently lose my legs in the shower and I don't have a way to inform the medical unit in the building or the officer that I have fallen. I'm not in any trouble that should or could keep me out of Div. 8 to be able to receive proper medical attention, but the pain is unbearable and being that I'm incarcerated and detained unwillingly it's this Jail duty to see to my medical needs especially like mine that requires constant care and therapy.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

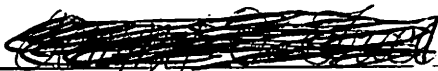
I would like the court to help me get actual and punitive damages awarded for continuing to overlook the severe pain being cause by not being heard for while housed in CCSO Jail

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO


CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

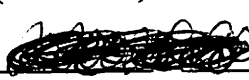
Signed this 21 day of May, 2024



(Signature of plaintiff or plaintiffs)



(Print name)

 SAMMY D. TRICE

(I.D. Number)

20200207190

(Address)

CHANNY PRICE
#20200209190 AVE
2700 S CALIFORNIA
CHICAGO IL 60608



05/31/2024-15

PRISONER CORRESPONDENT, UNITED
STATES DISTRICT COURT
219 S DEARBORN ST. 26th floor
CHICAGO IL 60604

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